U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fadure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

4. Name, file number, and acdress of labor organization.

1 / 1 / 2004 Through: 12 / 31 / 2004

Name DAVID P. ALLENSON	Name Brother And of Leanance Futures and Talmental Labor Organization File Number 004566
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 407 N. STATE ST	Street 407 N. STATE ST
City MONTICEUO	City Monticolo
State 1 ZIP Code + 4 61856	State 1L ZIP Code + 4 61 4 5 6
5. Position in labor organization. Sまて / アルピペS	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	suse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed	On 8-14-05 217-762-3199
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

P.O. Box, Bldg., Room No., if any

Street

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U-

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any:

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

ZIP Code + 4

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name 化イナー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	14.a. Nature of payment. BEGAKPAST OF PERKINS RESTAURANT DECATUR, 16
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1031 LAMI ST City ST. Louis	DINNER AT DECATUR CLUB DECATUR, IL BOTH OCCUURD 5/22/04
State M O ZIP Code + 4 63104	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.

12.b. Amount.